E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space

For the year Jan	. 1–Dec	. 31, 2023, or other tax year beginning		, 2023, end	ling	, :	20	Se	ee sep	parate instructions.
Your first name	and mi	ddle initial	Last n	ame				Y	our soc	cial security number
ASRA			NAS:	EEM						22 4737
	oouse's	s first name and middle initial	Last n							s social security number
								'		
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.		Ap	t. no.	Pr	resider	itial Election Campaign
4305 RAM	IONA	DRIVE				В				ere if you, or your
	10000	ce. If you have a foreign address, also co	mplete	spaces below.	State		IP code st			if filing jointly, want \$3
FAIRFAX					VA	2203	0			this fund. Checking a bw will not change
Foreign country	name			Foreign province/state/o	county		postal co			or refund.
										☐ You ☐ Spouse
Filing Status	X	Single			☐ Head of h	ousehol	d (HOH)			
Check only		Married filing jointly (even if only or	ne had	income)						
one box.		Married filing separately (MFS)			Qualifying	survivin	g spous	se (QS	SS)	
	If y	ou checked the MFS box, enter the	name	of your spouse. If you	u checked the HOH	d or QSS	S box, e	nter th	ne chil	d's name if the
	qua	alifying person is a child but not you	ır depe	endent:					<u> </u>	
Digital	At an	ny time during 2023, did you: (a) rece	eive (as	s a reward award or	payment for prope	erty or se	rvices):	or (b)	sell	
Assets		ange, or otherwise dispose of a digi								☐ Yes ☒ No
Standard		eone can claim: You as a de			e as a dependent					
Deduction		Spouse itemizes on a separate return								
A ma /Dlinda and						rn hofor	lanua	a, O 1	050	
		Were born before January 2, 19	959		ouse: Was bor	(4)				☐ Is blind
Dependents		instructions): irst name Last name		(2) Social security number	(3) Relationsh to you	ip (4)	Child tax		1	ies for (see instructions): Credit for other dependents
If more	(1)11	Last Harrie		Hamber	to you			7		
than four dependents,							<u>_</u> _	<u></u>	-+	
see instructions	· —							<u></u>	-+	
and check here \square						-		<u></u>	-+	
-	1a	Total amount from Form(s) W-2, bo	ov 1 (e	ee instructions)					1a	58,714.
Income	b	Household employee wages not re							1b	30,714.
Attach Form(s)	c	Tip income not reported on line 1a							1c	+
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep			nstructions)				1d	
W-2G and	e	Taxable dependent care benefits f			iotraotionoj			•	1e	
1099-R if tax was withheld.	f	Employer-provided adoption bene						•	1f	
If you did not	g	Wages from Form 8919, line 6.							1g	+
get a Form	h	Other earned income (see instructi							1h	0.
W-2, see instructions.	i	Nontaxable combat pay election (s			1i	iÌ				
instructions.	z	Add lines 1a through 1h							1z	58,714.
Attach Sch. B	2a		2a		b Taxable interes	t .			2b	1.
if required.	3a		3a		b Ordinary divide				3b	
	4a		4a		b Taxable amoun				4b	
Standard	5a		5a		b Taxable amoun				5b	
Deduction for— Single or	6a		6a		b Taxable amoun				6b	
Married filing	С	If you elect to use the lump-sum el		method, check here				П		
separately, \$13,850	7	Capital gain or (loss). Attach Scheo							7	1
Married filing jointly or	8	Additional income from Schedule							8	-6,237.
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,							9	52,478.
surviving spouse, \$27,700	10	Adjustments to income from Sche							10	
Head of household,	11	Subtract line 10 from line 9. This is			ne				11	52,478.
\$20,800	12	Standard deduction or itemized	-					100	12	13,850.
If you checked any box under	13	Qualified business income deducti							13	
Standard Deduction,	14	Add lines 12 and 13							14	13,850.
see instructions.	15	Subtract line 14 from line 11. If zer	o or le	ss. enter -0 This is v	our taxable incom	ne .			15	38,628

Form 1040 (2023	3)			Page 2	
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	4,415.	
Credits	17	Amount from Schedule 2, line 3	17	,	
	18	Add lines 16 and 17	18	4,415.	
	19	Child tax credit or credit for other dependents from Schedule 8812	19	,	
	20	Amount from Schedule 3, line 8	20		
	21	Add lines 19 and 20	21		
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	4,415.	
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.	
	24	Add lines 22 and 23. This is your total tax	24	4,415.	
Payments	25	Federal income tax withheld from:		., 1201	
1 dyments	а	Form(s) W-2			
	b	Form(s) 1099			
	C	Other forms (see instructions)			
	d	Add lines 25a through 25c	25d	4,416.	
	26	2023 estimated tax payments and amount applied from 2022 return	26	1/1201	
If you have a l qualifying child,	27	Earned income credit (EIC)			
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812			
	29	American opportunity credit from Form 8863, line 8			
	30	Reserved for future use			
	31	Amount from Schedule 3, line 15			
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32		
	33	Add lines 25d, 26, and 32. These are your total payments	33	4,416.	
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	1.	
neiulia	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	1.	
Direct deposit?	b	Routing number 0 5 2 0 0 1 6 3 3 c Type: ☐ Checking ☒ Savings	Jour		
See instructions.	d	Account number 4 4 4 6 0 5 0 1 4 9 9 8 6			
	36	Amount of line 34 you want applied to your 2024 estimated tax 36			
Amount	37				
You Owe	31	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37		
Tou One	38	Estimated tax penalty (see instructions)	0,		
Third Party		o you want to allow another person to discuss this return with the IRS? See			
Designee		structions	elow.	× No	
	De	esignee's Phone Personal identif	ication		
		number (PIN)			
Sign		nder penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the slief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which			
Here					
	Yo			nt you an Identity N, enter it here	
Joint return?		SOFTWARE ENGINEER (see		it, chick it field	
See instructions.	Sp		IRS ser	nt your spouse an	
Keep a copy for				ection PIN, enter it here	
your records.		(see	nst.)		
		none no. (737) 899-5132 Email address ASRA230120@GMAIL.COM		0 N N 00 00 0	
Paid		eparer's name Preparer's signature Date PTIN		Check if:	
Preparer	SYA	AM PRIYA RAM SAGAR GUPTA SYAM PRIYA RAM SAGAR GUPTA 03/21/2024 P02082	2703	Self-employed	
Use Only		rm's name GLOBAL TAXES LLC Phon rm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm'	Phone no. (678) 965-9522		
	s EIN				

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment

Department of the Treasury Internal Revenue Service

ASRA NASEEM

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

•		Sequence No. 01
	Your soc	ial security number
	846-22	-4737

Par	t I Additional Income	·		
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att		5	<u>-6,237.</u>
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()		
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
I	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form	00 (
	1040, line 1a or 1d	8s ()		
t	Pension or annuity from a nonqualifed deferred compensation plan or	8t		
	a nongovernmental section 457 plan	8u	-	
u -	Wages earned while incarcerated	ou		
Z	Other income. List type and amount:	97		
9	Total other income. Add lines 8a through 8z	02	9	
10	Combine lines 1 through 7 and 9. This is your additional income . Ente		3	
10	1040, 1040-SR, or 1040-NR, line 8		10	-6,237.

Schedule 1 (Form 1040) 2023 Page **2**

Par	t II Adjustments to Income		
11	Educator expenses	 11	
12	Certain business expenses of reservists, performing artists, and fee-basis g		
	officials. Attach Form 2106	 12	
13	Health savings account deduction. Attach Form 8889	 13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	
16	Self-employed SEP, SIMPLE, and qualified plans	 16	
17	Self-employed health insurance deduction	17	
18	Penalty on early withdrawal of savings	18	
19a	Alimony paid	9a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions):		
20	IRA deduction	20	
21	Student loan interest deduction	 21	
22	Reserved for future use	22	
23	Archer MSA deduction	 23	
24	Other adjustments:		
а	Jury duty pay (see instructions)		
b	Deductible expenses related to income reported on line 8I from the		
	rental of personal property engaged in for profit		
С	Nontaxable amount of the value of Olympic and Paralympic medals		
_	and USOC prize money reported on line 8m		
d	Reforestation amortization and expenses		
е	Repayment of supplemental unemployment benefits under the Trade		
	Act of 1974		
f	Contributions to section 501(c)(18)(D) pension plans		
g	Contributions by certain chaplains to section 403(b) plans		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)		
ı	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect		
	tax law violations		
	Housing deduction from Form 2555		
J J	Excess deductions of section 67(e) expenses from Schedule K-1 (Form		
r	1041)		
z	Other adjustments. List type and amount:		
_	04-		
25	Total other adjustments. Add lines 24a through 24z	25	
25 26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter he		
	Form 1040, 1040-SR, or 1040-NR, line 10	26	

SCHEDULE E (Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Go to www.irs.gov/ScheduleE for instructions and the latest information.

OMB No. 1545-0074 Attachment Sequence No. 13

Department of the Treasury Internal Revenue Service Name(s) shown on return

Your social security number

ASR/	A NASEEM				846-2	22-4737	1
Par							
	Note: If you are in the business of renting personal properental income or loss from Form 4835 on page 2, line 40.	rty, use Sched u	ı le C . See i	nstructions. If yo	ou are an ind	ividual, rep	ort farm
Α	rental income or loss from Form 4835 on page 2, line 40. Did you make any payments in 2023 that would require you		10002 0	a instructions			- VI Na
Ь	f "Yes," did you or will you file required Form(s) 1099? .						25 <u> NO</u>
1a	Physical address of each property (street, city, state, ZI	P code)					
Α	IN						
В							
С							
1b	Type of Property 2 For each rental real estate property	erty listed		Fair Rental		nal Use	QJV
	(from list below) above, report the number of fair			Days	Di	ays	
Α	personal use days. Check the Q if you meet the requirements to		Α	365		0	
В	qualified joint venture. See instru		В				
<u>C</u>			C				
	of Property:						
	Single Family Residence 3 Vacation/Short-Term Rer			7 Self-Rent			
2	Multi-Family Residence 4 Commercial	6 Ro	yalties	8 Other (de	scribe)		
				Prope	erties:		
Incon	ne:		Α		В		С
3	Rents received	3	52	4.			
4	Royalties received	4					
Expe	nses:						
5	Advertising	5					
6	Auto and travel (see instructions)	6					
7	Cleaning and maintenance	7	54	1.			
8	Commissions	8					
9	Insurance	9					
10	Legal and other professional fees	10					
11	Management fees	11	41	.5.			
12	Mortgage interest paid to banks, etc. (see instructions)	12					
13	Other interest	13	NA 100 NA	Desili .			
14	Repairs	14	1,92				
15	Supplies	15	2,56	51.			
16	Taxes	16					
17	Utilities	17	1,32	20.			
18	Depreciation expense or depletion	18					
19	Other (list)	19	6 70	1			
20	Total expenses. Add lines 5 through 19	20	6,76) 1 •			
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must						
	file Form 6198	21	-6,23	.7			
22	Deductible rental real estate loss after limitation, if any,	21	0,20				
	on Form 8582 (see instructions)	22 (6,23	7.)(,	10)
23a	Total of all amounts reported on line 3 for all rental proper			23a	524.		,
b	Total of all amounts reported on line 4 for all royalty prop		_	23b	021.	1	
C	Total of all amounts reported on line 12 for all properties			23c			
d	Total of all amounts reported on line 18 for all properties		-	23d			
e	Total of all amounts reported on line 20 for all properties		-	23e	6,761.		
24	Income. Add positive amounts shown on line 21. Do no				24		
25	Losses. Add royalty losses from line 21 and rental real estate	•		ter total losses		(6,237.)
26	Total rental real estate and royalty income or (loss).						, , , ,
	here. If Parts II, III, and IV, and line 40 on page 2 do no						
	Schedule 1 (Form 1040), line 5. Otherwise, include this a						-6,237.

VA-8453 Virginia Department of Taxation

Virginia Individual Income Tax Declaration for Electronic Filing

Tax Year 2023

DO NOT SEND THIS VA-8453 TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS. IT MUST BE MAINTAINED IN YOUR FILES!

Virginia Submi	ssion	denti	ficatio	<u>η Νι</u>	umbe	r (SID) 												7	
First Name & Mic	Idle Init	ial (if	ioint o	r con	nbine	d return.	enter	both)	Las	st Nam	l l ne			-				B Your Social S	Security Number
		\ \							27.7	CDD	D.f.							-	
ASRA Present Home A	ddress	1							IN P	SEE	IM							846-22- A Spouse's Soc	cial Security Number
4305 RAMO			E A	PT	В														
City, State and Z				V	100	2203	10											Onlin	ne Filed Return
	Retur	n Info	ormat		1 7	2200	, 0											A Spouse	B Yourself
1. Federal A	Adjuste	d Gro	ss Inc	ome	(Forn	1 760CG	, Line	1; 760	PY, L	ine 1,	column	ns A & E	; Form	763,	Line	1)			52,478.
2. Virginia A	Adjuste	d Gro	ss Inco	ome	(Form	760CG	, Line	9; 760F	Y, Li	ne 10,	colum	ns A & I	B; Form	763,	Line	9)			52,478.
3. Taxable	Income	(Forr	n 7600	CG, I	Line 1	5; 760P	Y, Line	16, co	lumn	sA&	B; Form	1 763, L	ine 17)						43,548.
4. Virginia l	ncome	Tax (Form 7	760C	CG, Lii	ne 18; 7	60PY,	Line 17	, colu	ımns A	A & B; F	Form 76	3 Line	(8)					2,247.
5. Withhold	ing (Fo	rm 76	OCG,	Line	19a &	k19b; 76	OPY, L	ines 19	a & 1	19b; F	orm 763	3, Lines	19a &	19b)					2,199.
6. Amount	ou Ow	e (Fo	rm 760	OCG,	, Line	35; Forr	n 760F	Y, Line	35;	Form	763, Lir	ne 35)	-4					7	48.
7. Refund (101
,	aratio		***************************************						S. Reference										
ap the	pointme territo	ent of rial jui	the ot	her s	spouse f the l		agent t tates a	o recei t any p	ve the	e refur n the p	nd. I ce process	ertify tha	t the tra	nsac	ction	does	not dir	rectly involve a fina	n, this is an irrevocable ancial institution outside of
the esi ner our I declare under per the amounts designature pen, or signature pen, or the est to the lateral transmitter as varignature pen, or the est to the lateral transmitter as varignature pen, or the est to the lateral transmitter as varignature pen, or the est to the lateral transmitter as varignature pen, or the est to the lateral transmitter as varignature pen, or the est to the est t	e finance timated cessary tside of penaltie scribed belief, r nal Rev alidation r comp	ial instant tax. to are the to s of p in Pa my ret renue of m uter s	titution I also nswer erritorio erjury rt I abo urn is Servio y elec oftwar	n acc authorinqui al jur that ove a true, ce (IF	count i orize i iries a risdicti I have agree , corre RS) by cally f	indicated the finar and reso ion of the ecompa with the ect and of my ele filed Virg	d on mancial in live issue United the amount comple ctronic jinia in	y 2023 stitution ues related State e inform tts shoote. I co return come ta	Virginal vir	nia incolved the pany poor on my the cont that in	ome ta: in the p paymen point in the y return orrespo my retu ERO) a axpaye	x return processi t. I cer ne proce with the onding l rn inclu nd by the	for paying of the tify that ess. e inform nes of riding this e IRS to sign the	ment e ele the tr natior ny 20 s dec o Vir form	of metror ransa n I ha D23 \ clarat ginia n usii	y stat nic pay action ve pro /irgini- ion ar Tax. ng a re	e taxe yment does ovided a indiv nd acc This oubber	es owed on this retu- to f taxes to receive not directly involve d to my electronic re- vidual income tax re- companying schedu- declaration is to be stamp, mechanica	unds withdrawal entry to urn and/or a payment of e confidential information e a financial institution eturn originator and that eturn. To the best of my ules and statements be e retained by the ERO or all device, such as a
	Your Si				- D			ate	20)					(If Fili	ng St	atus 2	or 4, B	BOTH must sign)	Date
I declare that I h taxpayer's signa of all forms and Individual Incom that I have exam	ave reviture on information in a Tax Inined the Declara	riewed Formation to Returnate about	d the an VA-8 to be fill the second terms (Taxove taxove terms)	above 3453 l led w x Yea xpaye parer	e taxp before vith the ar 202 er's re is bas	e submite IRS are (23) and a turn and sed on a	eturn a ting th nd Virg any rec I accor	nd that is returninia Tax quiremen npanyir mation	the ento the and ents sing school	entries ne Inte have pecifie nedule ich pre	on this ernal Re followe ed by Vi es and s eparer l gram.	form a evenue d all oth rginia T stateme	re comp Service er requ ax. If I nts, and knowle	(IRS) reme am a to th	s) and ents a llso the ne be	d Virgi as des ne Pai st of r	nia Ta scribed id Prep ny kno	ax. I have provided d in Handbook for E parer, under penalt bwledge and belief,	ledge. I have obtained the dithe taxpayer with a copy Electronic Filers of ties of perjury, I declare, they are true, correct, the form using a rubber
ERO's Signature					7							Date						SSN/PTI	N
GLOBAL TATE Firm's name (or 245 ROONE)	yours i	f self-		yed)		BRUI	MCMT	CV		NIT (08816				Paid	Prep	arer?[elf-employed?□Y□ N
Address, City, S						DRUI	NSWI	CK		INO C			0.4	-				843171965 EIN	
Paid Preparer's	Signati	ıre										03−21 Date		_				P02082703 SSN/PTI	N
SYAM PRIY. Firm's name (or	A RA	M S				'A									Self-	emplo	yed?	□ Y □ N	
245 ROONE	v cm				T.	ייזמם	\T C TxT T	CK		NIT (8816	5							
Address, City, S					<u> </u>	BRUI	TMCNT	CV		TAO (100T	J		-				EIN	
1555										REV	02/23/2	4 PRO							



Cut Here –

Form 760-PMT 2023 Tax Due Return Payment Coupon

(DOC ID 761)

No Staples Please

To Be Used For Payments On Previously

Filed 2022 Individual Income Tax Returns Only

8462247371 7611555 123005

Name(s) and Address

ASRA NASEEM

4305 RAMONA DRIVE APT # B

FAIRFAX VA 22030

Your Social Security Number

Spouse's Social Security Number

846224737

If your return was filed through e-File or submitted directly to the Department, make your check payable to the Department of Taxation and mail to the VA Department of Taxation, P. O. Box 1478, Richmond, VA 23218-1478.

If your return was filed with your local Commissioner of the Revenue, make your check payable to your local Treasurer and send your payment to the locality where you filed the return.

Amount of Payment

48.00

Daytime Phone Number:

2023 VA760CG Page 1





ASRA

NASEEM

4305 RAMONA DRIVE APT B

VA 22030 FAIRFAX

	VII 2.	2000			
SSN-You NASE	84	6224737	Vendor ID 1555	xxxxx	7 7
SSN - Spouse					
Fed Adj Gross Income (FAGI)	1.	52478.	Withholding (VA) - You	19A.	2199.
Additions	2.		Withholding (VA) - Spouse	19B.	
Subtotal	3.	52478.	Estimated Payments	20.	
Age Deduction - You	4A.		2022 Overpayment	21.	
Age Deduction - Spouse	4B.		Extension Payments	22.	
Soc Sec & Tier 1 Railroad	5.		Credit - Low-Income or EIC	23.	
State Income Tax Overpayment	6.		Credit - Schedule OSC	24.	
Subtractions	7.		Credits - Schedule CR	25.	
Subtotal Subtractions	8.		Total Payments / Credits	26.	2199.
Total VA Adj Gross Income (VAGI)	9.	52478.	Tax You Owe	27.	48.
Itemized Deductions - VA Sch A	10.		Tax Overpayment	28.	
Standard Deduction	11.	8000.	Overpayment Credited to Next Year	29.	
Exemptions	12.	930.	VAC - Virginia 529 / ABLE	30.	
Deductions	13.		VAC - Other Contributions	31.	
Subtotal (Deductions & Exemptions	s) 14.	8930.	Addition to Tax, Penalty & Interest	32.	
VA Taxable Income	15.	43548.	Sales and Use Tax	33.	
Amount of Tax	16.	2247.	Amount You Owe		48.
Spouse Tax Adjustment (STA)	17.		Will Pay by Credit/Debit Card N Your Refund	1	
VAGI - Spouse	17A.		Donk Douting #	_	
Net Amount of Tax	18.	2247.	Bank Routing # Bank Account #		
L			Dank Account #		

__LAR __DLAR __DTD __LTD \$____



7

NJ 08816

Preparer Information

GLOBAL TAXES LLC

245 ROONEY CT

E BRUNSWICK

P02082703

Page 2 of 2



Г								
Filing Status, Age &	License Info	ormation				Additional Filing Inform	nation	_
Filing Status				1		Locality	()59
Federal Head of Ho	ousehold					Uninsured & Authorize DMAS		
DOB - You		0123	3199	8		Name or Filing Status Change		
VA Driver's License	e ID - You					Address Change		
VA Driver's License	e - Iss. Date - Y	ou				VA Return Not Filed Last Year		
Spouse Name (Filin	ng Status 3 On	ly)				Dependent on Another's Return		
						Farmer / Fisherman / Merchant Seaman		
DOB - Spouse	ID 0					Amended		
VA Driver's License						Reason Code		
VA Driver's License					1	Overseas on Due Date		
You (A)	1	Exemptions (B) 65 & Over - You				Federal EIC & Amount		
Spouse		65 & Over - Spouse				Deceased Indicator		
Dependents		Blind - You				Form 760C or 760F		
Total (A)	1	Blind - Spouse				No Sales & Use Tax Due Indicator		Х
		Total (B)				Obtain Electronic 1099G		
	C	ontact Information				ID Theft PIN		
	declare under pen	alty of law that I (we) have ex			17.0	(our) knowledge, it is a true, correct & complete returivided is for a domestic account within the territorial jur		-
Signature - You			Date		Pho	ne - You		
Signature - Spouse	_		Date		Pho	ne - Spouse		
Signature - Preparer S	YAM PRIYA	RAM SAGAR GUPTA	Date	032124	Pho	ne - Preparer	67896595	522

The Tax Department may discuss my/our return with my/our preparer.

File by May 1, 2024 Include Page 1, Page 2 and all

supporting 760CG documents.

2023 Schedule INC/CG

846224737

Report all W-2s, 1099s & VK-1s with VA Withholding

ASRA

NASEEM



Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
846224737	W	1458.	680588324	30680588324F001	33647.
846224737	W	741.	540836354	0011036023	25067.

Total VA Withholding SSN VA Withholding You 846224737 2199 . Spouse Total # of W-2s,1099s & VK-1s 02

E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

1040		artment of the Treasury—Internal Revenue Servi		urn	20 2	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	aple in this space.
For the year Jan	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20	Ť	See se	oarate i	instructions.
Your first name	and m	iddle initial	Last nar	me							Your so	cial sec	curity number
ASRA			NASE	EM							846	22	4737
	pouse's	s first name and middle initial	Last nar										security number
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.				A	Apt. no.		Preside	ntial Ele	ection Campaign
4305 RAI	MONA	DRIVE						l _E		- 1			ou, or your
		ce. If you have a foreign address, also co	mplete s	paces belo	W.	Sta	te	ZIP c	ode		•	-	jointly, want \$3
FAIRFAX						VA	4	220	30		•		nd. Checking a not change
Foreign countr	y name		F	oreign pro	ovince/state/	count	У	Foreig	ın postal c	- 1	your tax		ınd.
Filing Status	s X	Single					Head of he	ouseh	old (HOH	— ∃)			
Check only		Married filing jointly (even if only o	ne had ir	ncome)									
one box.		Married filing separately (MFS)					☐ Qualifying	surviv	ing spou	use (C	QSS)		
	If y	you checked the MFS box, enter the	name o	of your sp	ouse. If you	ı che	cked the HOF	or Q	SS box,	enter	the chi	ld's na	me if the
	qu	alifying person is a child but not you	ır depen	ident:									
Digital		ny time during 2023, did you: (a) rec											
Assets		nange, or otherwise dispose of a dig						t)? (Se	ee instru	ctions	s.)	Y€	es 🗵 No
Standard	_	neone can claim: You as a de	•		•		a dependent						
Deduction	<u></u> ;	Spouse itemizes on a separate retur	n or you	were a c	lual-status	alien							
Age/Blindnes	s You	: Were born before January 2, 1	959	Are bli	nd Spc	ouse:	: Was bor	n befo	ore Janua	ary 2,	1959		s blind
Dependent	s (see	instructions):		(2) S	ocial security	,	(3) Relationsh	ip (4) Check t	he bo	x if quali	fies for ((see instructions):
If more		irst name Last name			number		to you		Child t	ax cre	dit	Credit fo	or other dependents
than four									[
dependents, see instruction	۰								[
and check	·												
here													
Income	1a	Total amount from Form(s) W-2, b	•		,						1a		58,714.
Attach Form(s)	b	Household employee wages not re	•		•						1b		
W-2 here. Also	С	Tip income not reported on line 1a	•		•						1c		
attach Forms W-2G and	d	Medicaid waiver payments not rep				nstru	ctions)				1d		
1099-R if tax	е	Taxable dependent care benefits f									1e	_	
was withheld.	f	Employer-provided adoption bene	fits from	Form 88	39, line 29						1f		
If you did not	g	Wages from Form 8919, line 6 .									1g		
get a Form W-2, see	h	Other earned income (see instruct						· ·			1h	_	0.
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)			<u>1</u> i						FO 514
		Add lines 1a through 1h			· · · ·						1z	_	58,714.
Attach Sch. B	2a	· —	2a				axable interest				2b	_	1.
if required.	<u>3a</u>		3a				rdinary divider				3b	_	
Standard	4a	-	4a				axable amoun				4b	_	
Deduction for—	5a		5a				axable amoun				5b	_	
Single or Married filing	6a	,	6a				axable amoun	t		٠ .	6b		
separately,	_ c	If you elect to use the lump-sum e				`	,]		
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche								. L	7	-	
jointly or Qualifying	8	Additional income from Schedule 1, line 10									8	-	-6,237.
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		•							9		52,478.
\$27,700 • Head of	10	Adjustments to income from Sche									10		
household, \$20,800	11	Subtract line 10 from line 9. This is	•	-							11		52,478.
If you checked	12	Standard deduction or itemized deductions (from Schedule A)									12		13,850.
any box under Standard	13	Qualified business income deduct									13		12 050
Deduction, see instructions.	14	Add lines 12 and 13									14		13,850.

Form 1040 (2023	3)								Page 2	
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16	4,415.	
Credits	17	Amount from Schedule 2, lin	ne 3					17		
	18	Add lines 16 and 17						18	4,415.	
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	ie 8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	4,415.	
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	0.	
	24	Add lines 22 and 23. This is	your total tax					24	4,415.	
Payments	25	Federal income tax withheld								
-	а	Form(s) W-2				25 a	4,416.			
	b	Form(s) 1099				25b	0.			
	С	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c						25d	4,416.	
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	22 return			26		
qualifying child,	27	Earned income credit (EIC)			No .	27				
attach Sch. EIC.	28	Additional child tax credit from	n Schedule 8812			28				
	29	American opportunity credit	from Form 8863	8, line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lin	ie 15			31				
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable credits		32		
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	4,416.	
Refund	34	If line 33 is more than line 24						34	1.	
	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	s is attached, che	ck here	. 🗆	35a	1.	
Direct deposit?	b	Routing number 0 5 2	0 0 1 6	3 3	c Type:	Checking X	Savings			
See instructions.	d	Account number 4 4 6	0 5 0 1	4 9 9 8	3 6					
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe.						
You Owe		For details on how to pay, g	o to <i>www.irs.go</i> u	//Payments or	see instructions			37		
	38	Estimated tax penalty (see in	nstructions) .			38				
Third Party		you want to allow another								
Designee		structions					•		⊠ No	
	De nai	signee's ne		Phone no.			onal identifi ber (PIN)	cation		
Cian		der penalties of perjury, I declare the	nat I have examined		accompanying sch		, ,	e best	of my knowledge and	
Sign		ief, they are true, correct, and com								
Here	Yo	ur signature		Date	Your occupation		If the	IRS se	nt you an Identity	
					·				IN, enter it here	
Joint return?					SOFTWARE		(see i			
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupa	tion			nt your spouse an ection PIN, enter it here	
your records.							(see i	•	ection Film, enter it here	
	———Ph	one no. (737) 899-513	2	Email address	7 C D 7 2 3 0 1 2	0@GMAIL.CON		*		
		eparer's name	Preparer's signat	l .	ADMAZJUIZ	Date	PTIN		Check if:	
Paid		M PRIYA RAM SAGAR GUPTA	'		CAR CIIDMA	03/21/2024	P02082	702	Self-employed	
Preparer										
Use Only			<u>kes llc</u> Y CT E BRU	MCMTCK N	J 08816			one no. (678) 965-9522 m's EIN		
Co to warming ==		n1040 for instructions and the late		INDIATOR INC			FIIIII :	o LIIN	Form 1040 (2023)	
ao to www.iis.g	07/1-01/1	TOTO IOI IIISII UCIIOIIS AIIU IIIE IALE	ocinionnation.		BAA	REV 03/07/24 PRO			FOIIII 1070 (2023)	

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023
Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

ASRA NASEEM

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

Sequence No. 01

Your social security number
846-22-4737

Par	Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att	ach Schedule E .	5	-6,237.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k		8k		
ı	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
_	1040, line 1a or 1d	8s (4	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:	0_		
^	Total athor income Add lines On through On	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income . Ente 1040, 1040-SR, or 1040-NR, line 8			_6 227
	1040, 1040-30, 01 1040-110, 11116 0		10	-6 , 237.

Page **2** Schedule 1 (Form 1040) 2023

Par	Adjustments to Income				
11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee	e-basis	government		
	officials. Attach Form 2106			12	
13	Health savings account deduction. Attach Form 8889			13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903			14	
15	Deductible part of self-employment tax. Attach Schedule SE			15	
16	Self-employed SEP, SIMPLE, and qualified plans			16	
17	Self-employed health insurance deduction			17	
18	Penalty on early withdrawal of savings			18	
19a	Alimony paid			19a	
b	Recipient's SSN				
С	Date of original divorce or separation agreement (see instructions):				
20	IRA deduction			20	
21	Student loan interest deduction			21	
22	Reserved for future use			22	
23	Archer MSA deduction			23	
24	Other adjustments:				
а	Jury duty pay (see instructions)	24a		_	
b	Deductible expenses related to income reported on line 8l from the				
	rental of personal property engaged in for profit	24b		-	
С	Nontaxable amount of the value of Olympic and Paralympic medals				
	and USOC prize money reported on line 8m	24c		-	
d	Reforestation amortization and expenses	24d			
е	Repayment of supplemental unemployment benefits under the Trade				
_	Act of 1974	24e		-	
f	Contributions to section 501(c)(18)(D) pension plans	24f		-	
g	Contributions by certain chaplains to section 403(b) plans	24g		-	
h	Attorney fees and court costs for actions involving certain unlawful	041			
_	discrimination claims (see instructions)	24h		-	
i	Attorney fees and court costs you paid in connection with an award				
	from the IRS for information you provided that helped the IRS detect tax law violations	04:			
	Housing deduction from Form 2555	24i 24j		-	
J	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	24 j		-	
k	1041)	24k			
_		24K		-	
Z	Other adjustments. List type and amount:	24z			
25	Total other adjustments. Add lines 24a through 24z			25	
25 26	Add lines 11 through 23 and 25. These are your adjustments to income			23	
_0	Form 1040, 1040-SR, or 1040-NR, line 10	. LIIIGI		26	
	BAA		07/24 PRO		le 1 (Form 1040) 2023
	BAA	INEV U3/	ULIZA FINO	uu	10 10, 2020

SCHEDULE E (Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Go to www.irs.gov/ScheduleE for instructions and the latest information.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service Name(s) shown on return ASRA NASEEM

Attachment Sequence No. 13 Your social security number

846-22-4737

Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm										
_	rental income or loss from Form 4835 on page 2, line 4		- Faura(a) :	10000 0) !:-	-tt.			- V N-	
A B		vid you make any payments in 2023 that would require you to file Form(s) 1099? See instructions								
		f "Yes," did you or will you file required Form(s) 1099?								
1a	1 1 3 (ZIP COO	ie)							
<u>A</u>	IN									
B										
<u>C</u>	T (D) 0 5 1 1 1 1 1 1				_					
1b	(from list below) above, report the number of fa	above, report the number of fair rental a personal use days. Check the QJV box			Fair Rental Days		Personal Use Days		QJV	
A	gersonal use days. Check the if you meet the requirements to			Α		365		0		
B	qualified joint venture. See ins			В						
C				С						
	of Property:									
	Single Family Residence 3 Vacation/Short-Term Re Multi-Family Residence 4 Commercial	ental	5 Land 6 Roya			Self-Rental Other (desc	ribe)			
	<u> </u>		,							
						Properti	es:			
Inco				Α	<u> </u>	В			С	
3	Rents received	3		5	24.					
4	Royalties received	4								
-	enses:	_								
5	Advertising	5								
6	Auto and travel (see instructions)	6			11					
7	Cleaning and maintenance	7		5	41.					
8	Commissions	8								
9	Insurance	9								
10	Legal and other professional fees	10			1 -					
11	Management fees	11		4	15.					
12	Mortgage interest paid to banks, etc. (see instructions)									
13	Other interest	13		1 0	0.4					
14	Repairs	14			24.					
15	Supplies	15		۷,5	61.					
16	Taxes	16 17		1 2	2.0					
17	Utilities			1,3	20.					
18	Depreciation expense or depletion	18 19								
19 20	Other (list)	20		6 7	61.					
	Total expenses. Add lines 5 through 19			0, /	от.					
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). result is a (loss), see instructions to find out if you mus	st		6.0	0.5					
	file Form 6198	21		-6,2	3/.					
22	Deductible rental real estate loss after limitation, if any on Form 8582 (see instructions)	/, 22	(6,23	37 .)	()	(
23a	Total of all amounts reported on line 3 for all rental pro	perties			23a		524.			
b	Total of all amounts reported on line 4 for all royalty pro	operties	S		23b					
С	Total of all amounts reported on line 12 for all propertie	es			23c					
d	Total of all amounts reported on line 18 for all propertie	es			23d					
е	Total of all amounts reported on line 20 for all propertie	es .			23e	6	761.			
24	Income. Add positive amounts shown on line 21. Do n	ot inclu	ide any lo	sses			. 24			
25	Losses. Add royalty losses from line 21 and rental real est	tate loss	es from lin	ie 22. E	nter to	otal losses her	e 25	(6,237.	
26	Total rental real estate and royalty income or (loss									
	here. If Parts II, III, and IV, and line 40 on page 2 do Schedule 1 (Form 1040), line 5. Otherwise, include this						on . 26		-6,237.	